

Urologic infections and inflammations MCQ Question Answer

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Question: 1. How should a proper routine urine specimen be collected?

- Option A. early morning sample, after cleansing the perineum and meatus
- Option B. by urethral catheterization under strict aseptic technique
- Option C. a clean catch of midstream voided urine
- Option D. by suprapubic aspiration, as urine is sterile

Question: 2. As per NIH classification of prostatitis, which type requires no treatment?

- Option A. type I
- Option B. type II
- Option C. type III
- Option D. type IV

Question: 3. What could cause scrotal sinus?

- Option A. improperly drained hair follicle scrotal abscess
- Option B. syphilitic orchitis
- Option C. tuberculous epididymitis
- Option D. all of the above

Question: 4. What is false concerning Brucellosis epididymitis?

- Option A. commonly presents with scrotal pain, swelling, fever, and leucocytosis
- Option B. epididymo-orchitis is the most frequent genitourinary complication of brucellosis
- Option C. epididymo-orchitis occurs in 10-15% of male patients with brucellosis
- Option D. treatment includes doxycycline and rifampicin for 6-8 weeks

Question: 5. What is false concerning cystitis glandularis?

- Option A. rarely, the urothelial cell nests show a central lumen lined by glandular epithelium
- Option B. In some cases, it may form polypoid masses that mimic urothelial neoplasms
- Option C. It might appear as multinodular exophytic mass seen on cystoscopy
- Option D. cystitis cystica and cystitis glandularis frequently coexist in the same specimen

Question: 6. What antimicrobial agent treats UTI and does NOT alter the gut flora?

- Option A. trimethoprim- sulfamethoxazole
- Option B. fluoroquinolones
- Option C. aminoglycosides
- Option D. nitrofurantoin

Question: 7. What is NOT a complication of mumps orchitis?

- Option A. infertility

- Option B. hypogonadotropic hypogonadism
- Option C. non seminomatous germ cell tumor
- Option D. chronic orchalgia

Question: 8. What are the commonest organisms causing acute epididymitis in males younger than 35 yrs.?

- Option A. N. gonorrhea and C. trachomatis
- Option B. E. coli and Pseudomonas species
- Option C. Mycoplasma genitalium and Ureaplasma species
- Option D. Trichomonas vaginalis and Gardnerella vaginalis

Question: 9. No need for radiologic studies for recurrent UTI in:

- Option A. children
- Option B. the elderly
- Option C. men
- Option D. women

Question: 10. What is true concerning malakoplakia?

- Option A. is a premalignant condition
- Option B. it can be locally aggressive and invades surrounding structures causing bone erosions
- Option C. kidneys are the most commonly affected organs
- Option D. characterized by rounded intracellular inclusions (owls-eyes) in large eosinophilic histocytes

Question: 11. What is false concerning acute glomerulonephritis?

- Option A. manifested as a sudden onset of hematuria, proteinuria, oliguria, edema, hypertension, and RBC casts in the urine
- Option B. post-streptococcus GN has an incubation period of 1-3 weeks with specific strains of group A beta-hemolytic streptococcus
- Option C. the triad of sinusitis, pulmonary infiltrates, and nephritis, suggests Wegener granulomatosis
- Option D. C3, C4, ESR and antistreptolysin O titer are increased

Question: 12. The relative risk of prostate cancer in men with HIV compared to uninfected individuals is:

- Option A. greater than 8 fold
- Option B. greater than 6 fold
- Option C. greater than 4 fold
- Option D. comparable

Question: 13. What is false in the treatment and prevention of STDs?

- Option A. antibiotic therapy is recommended for affected individuals with documented trichomonal infection and sexual partners even if asymptomatic

- Option B. empirical treatment for gonococcal urethritis should cover chlamydia trachomatis
- Option C. consistent and proper usage of condoms is estimated to prevent HIV transmission by approximately 80 to 95%
- Option D. vaccinations are available for the prevention of human papillomavirus, N. gonorrhea, chlamydia trachomatis

Question: 14. What is the average age of onset of BPS/IC patients?

- Option A. 30
- Option B. 40
- Option C. 50
- Option D. 60

Question: 15. Ureteral dilation in schistosomiasis could be due to:

- Option A. vesicoureteral reflux
- Option B. stenosis of the lower ureter
- Option C. edematous ureteral wall causing deficient peristalsis
- Option D. any of the above

Question: 16. What is false concerning urinary catheter-associated UTI (CAUTI)?

- Option A. once a catheter is placed, the daily incidence of bacteriuria is 3-10%
- Option B. on long-term catheterization, over 90% of patients develop bacteriuria
- Option C. the practice of using urinary catheters to control incontinence in bedridden patients should be discouraged
- Option D. urine bags should be placed on the floor to enhance gravity drainage

Question: 17. What condition is associated with renal papillary necrosis?

- Option A. nephrotic syndrome
- Option B. hypertension
- Option C. sickle cell hemoglobinopathy
- Option D. sarcoidosis

Question: 18. What is the ideal antibiotic class for self-start therapy on treating recurrent cystitis in a 32 yrs. married woman?

- Option A. aminopenicillins
- Option B. fluoroquinolones
- Option C. aminoglycosides
- Option D. nitrofurantoin

Question: 19. What condition does NOT present as an acute loin pain with fever and marked flank tenderness?

- Option A. ascending UTI causing acute lobar nephronia
- Option B. acute pyelonephritis in a transplanted kidney
- Option C. infected renal subcapsular hematoma

Option D. perinephric abscess causing septicemia

Question: 20. What is true regarding acute pyelonephritis?

Option A. a cause of obstruction should be sought

Option B. PCN is placed to decompress the kidney and preserve renal function

Option C. blood-born staphylococci are commoner than ascending E.coli infections

Option D. blood and urine cultures must dictate the antibiotic choice from day 1

Question: 21. What is the bladder's first-line defense against infections?

Option A. natural sloughing of bladder mucosa

Option B. voiding

Option C. urine osmolarity

Option D. urine pH

Question: 22. What factor(s) increase(s) the risk of bacterial colonization in the prostate?

Option A. acute epididymitis

Option B. indwelling urethral catheters

Option C. transurethral surgery

Option D. all of the above

Question: 23. What virus(s) could cause orchitis?

Option A. Coxsackie B

Option B. Epstein-Barr

Option C. varicella

Option D. all of the above

Question: 24. What is true concerning HIV infection?

Option A. HIV is a retrovirus that infects B-cells and dendritic cells

Option B. circumcised men are at lower risk for HIV infection

Option C. HPV infection increases the risk for cancers in HIV patients by 6.3 times

Option D. plasma HIV RNA load is a predictor of disease remission

Question: 25. What is true concerning bacterial colonization in the bladder?

Option A. is always asymptomatic

Option B. it shows a serological immune antibody response

Option C. is a common cause of sterile pyuria

Option D. typically, at this stage, the body demonstrates bacteriuria

Question: 26. What is the least important measure in indwelling catheter care?

Option A. cleansing the urethral meatus with aseptic agent

Option B. careful aseptic insertion of the catheter

Option C. maintenance of a closed drainage system

Option D. maintaining a dependant drainage system

Question: 27. What is the laboratory differentiation between type III-a and type III-b prostatitis?

Option A. the cytological examination of the urine and/or EPS

Option B. transrectal ultrasonographic examination

Option C. the presence of ≥ 10 WBCs/HPF in the urine with negative culture in type III-b

Option D. the positive urine culture, and negative EPS support type III-a

Question: 28. What is true concerning ovarian vein syndrome?

Option A. manifests as recurrent renal colics due to ureteral obstruction

Option B. treatment is surgical mobilization of ureter and ligation of the vein

Option C. commonly, occurs at the left side

Option D. the pain worsens on sitting upright and during pregnancy

Question: 29. What is false regarding the etiology and treatment of orchialgia syndrome?

Option A. small indirect inguinal hernia may irritate the genital branch of genitofemoral nerve causing orchialgia

Option B. might respond to a selective nerve block

Option C. the recommended treatment is orchiectomy with implantation of a testicular prosthesis

Option D. psychotherapy and stress management might alleviate the pain

Question: 30. What is false concerning Xanthogranulomatous Pyelonephritis?

Option A. is most commonly associated with Proteus or E. coli infection

Option B. is characterized by lipid-laden foamy macrophages

Option C. the overall prognosis is poor

Option D. it might involve adjacent structures or organs

Answer Sheet

1	C	routinely, a clean catch of midstream voided urine is adequate.
2	D	by definition, type IV asymptomatic prostatitis requires no treatment.
3	D	self-explanatory.
4	A	leucocytosis is not a common feature of brucellosis. It is detected in only 18% of patients.
5	A	typically, the urothelial cell nests show a central lumen lined by glandular epithelium.
6	D	self-explanatory.
7	C	mumps orchitis does not predispose to malignancy.
8	A	N. gonorrhea and C. trachomatis are the commonest for ≤ 35 yrs. whereas for older patients, E. coli and Pseudomonas species are commoner.
		studies showed that most recurrent uncomplicated UTIs in women reveal no radiological

9	D	abnormalities.
10	B	despite the lesion is benign; it can be locally aggressive and invades surrounding structures causing bleeding and bone erosions.
11	D	C3 and C4 decrease, while ESR and antistreptolysin O titer increase.
12	D	The reported relative risk of prostate cancer in men with HIV is less than 0.70.
13	D	Vaccinations are available for the prevention of human papillomavirus, and N. meningitidis. To date, no vaccines are available for gonorrhoeal and chlamydial infections.
14	B	40 yrs. is the average.
15	D	self-explanatory.
16	D	placing the urine bag on the floor carries more risk of infection through the bag's valve.
17	C	sickle cell disease and trait could cause renal papillary necrosis.
18	B	because they cover a broad spectrum of bladder infections.
19	B	transplanted kidneys are denervated. Thus, they don't perceive flank pain and tenderness.
20	A	PCN has no role in acute pyelonephritis. Ascending infections by e.coli are more common than blood-borne staph. infections. Empirical antibiotics must be started from day 1 until culture results appear.
21	B	however microbes enter the bladder, the impaired ability of the bladder to empty makes the most significant breach in the natural bladder defence.
22	D	self-explanatory.
23	D	self-explanatory.
24	B	male neonatal circumcision lowers the risk of HIV infection.
25	A	colonization stage is asymptomatic.
26	A	cleansing the urethral meatus is not at a recommendation level.
27	A	self-explanatory.
28	B	it is more common on the right side. The pain is usually dull aching; rarely presents as colics. It worsens on lying down and between ovulation and menstruation.
29	C	the surgical option is not at a recommendation level.
30	C	despite XGP is a benign lesion, it might invade adjacent organs. Nevertheless, the overall prognosis is good.